(b) The National leprosy Eradication Programme (NLEP) is a centrally sponsored programme for elimination of leprosy and is already in operation. Information Education and Communication (IEC) is a strong component of the National Leprosy Elimination Programme. Other strategies for leprosy elimination are:—

(i) Availability of Integrated leprosy services from all Primary Health Centres and Hospitals, both Government and Non-government.

(ii) Decentralization of leprosy service planning and implementation to the State and districts.

(iii) Training of all General Health Service staff to enable them to provide quality leprosy services.

(iv) IEC through Mass Media as well as interpersonal communciation at peripheral level.

(v) Prevention of Deformity and care.

(c) The country detected 230215 new leprosy cases during the current eyar (April, 2004 to January, 2005) which comes to 0.02% of population. Only about 1.57% of the new leprosy patients have visible deformity. The programme provides for Reconstructive Surgery (RCS) to correct deformity wherever needed, so that the disabilities are removed and the person can work.

(d) The country is progressing well toward the goal of leprosy elimination by December, 2005 at National Level. As on 31st January, 2005, the prevalence rate of leprosy has reached the level of 1.86 cases per 10,000 population.

Increase in AIDS/TB/Cancer Cases

1955. SHRI T R. ZELIANG: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the increase in the Cancer, AIDS, TB case in the country;

(b) if so, the details thereof as on date, State-wise; and

(c) the remedial action taken or proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The data from Population Based Cancer Registries functioning under the National Cancer Registry Programme of ICMR does not indicate any increase in incidence rate of cancer of all sites combined together.

As per NACO's report there has been increase in AIDS cases. A Statement-I showing number of AIDS cases in India as on 28th February, 2005 is annexed. (See below)

The number of TB cases reported under National TB Control Programme have been more or less static during last few years. Statement-ll indicating Sate-wise details of patients detected and put on treatment during last three years under the programme is annexed. *(See below)*

(c) Details of various programmes implemented by this Ministry for control of Cancer, AIDS & TB are given in the Statement-Ill.

Statement-I

National AIDS Control Programme, India AIDS Cases in India (Reported to NACO) (As on 28th February, 2005)

SI.No.	State/UT	AIDS Cases
1	Andhra Pradesh	10819
2	Assam	225
3	Arunachal Pradesh	0
4	A & N Islands	33
5	Bihar	155
6	Chandigarh (UT)	1099
7	Delhi	949
8	Daman & Diu	1
9	Dadra & Nagar Haveli	0
10	Goa	495
11	Gujarat	5098

Sl.No.	State/UT	AIDS Cases
12	Haryana	400
13	Himachal Pradesh	223
14	Jammu & Kashmir	2
15	Karnataka	2126
16	Kerala	1769
17	Lakshadweep	0
18	Madhya Pradesh	1305
19	Maharashtra	12963
20	Orissa	128
21	Nagaland	718
22	Manipur	2866
23	Mizoram	106
24	Meghalaya	8
25	Pondicherry	302
26	Punjab	292
27	Rajasthan	1153
28	Sikkim	8
29	Tamil Nadu	48180
30	Tripura	5
31	Uttar Pradesh	1383
32	West Bengal	2397
33	A.Bad. Mun. Corpn.	520
34	Mumbai M.C.	7005
	TOTAL :	102733

Statement-ll

State-wise detail of TB cases detected and put on treatment during the last three years

Sl. No.	State	2001-02	2002-03	2003-2004
1	A & N Islands	754	524	566
2	Andhra Pradesh	95909	100505	119368
3	Arunachal Pradesh	2730	3123	2232
4	Assam	20022	18038	20459
5	Bihar	35272	37520	33361
6	Chandigarh	1872	1727	2058
7	Chhattisgarh	9799	14295	15724
8	D & N Haveli	0	0	0
9	Delhi	26389	32604	38847
10	Goa	2623	1138	0
11	Gujarat	72683	61415	73133
12	Haryana	28323	31703	30908
13	Himachal Pradesh	11283	12691	13312
14	Jammu & Kashmir	9472	9142	8632
15	Jharkhand	14220	16336	13538
16	Karnataka	59652	57276	57449
17	Kerala	22798	23923	24878
18	Madhya Pradesh	69643	48675	54224
19	Maharashtra	131537	117554	130676
20	Manipur	2766	5556	5095
21	Meghalaya	2760	2730	2669

SI. No.	State	2001-02	2002-03	2003-2004
22	Mizoram	1263	1456	1631
23	Nagaland	1035	933	1763
24	Orissa	19474	27152	27080
25	Pondicherry	3212	2541	2322
26	Punjab	27885	20000	22449
27	Rajasthan	84655	93462	98144
28	Sikkim	1640	1250	1403
29	Tamil Nadu	77574	80895	89616
30	Tripura	1947	1032	1197
31	Uttar Pradesh	206197	2076/0	153459
32	Uttaranchal	0	14725	11194
33	West Bengal	73275	81485	89836
	TOTAL :	1118664	1129076	1147223

Statement-Ill

Details of various programmes implemented by Ministry for control of Cancer, AIDS and T.B.

National Cancer Control Programme

In order to control this problem, National Cancer Control Programme was launched in 1975 with the objectives of prevention, early detection and treatment of cancer in the country. The strategies under the programme are awareness generation in the community for prevention and early detection of cancer, and provision of comprehensive cancer treatment facilities across the country by way of supporting Regional Cancer Centres. Government Medical Colleges and Government Hospitals are also supported by Development of Oncology Wings.

National AIDS Control Programme

In order to prevent and control the spread of HIV/AIDS in India, the Goverment of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme with following components:—

* Preventive interventions for high-risk populations through targeted inverventions adopting a multi-pronged stategy including peer counseling and behaviour change communication

* Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC) & awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.

* Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

* Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.

* Build technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

National TB Control Programme

To control TB, National Tuberculosis Control Programme (NTCP) was launched in the country in 1962. This could not achieve the desired results. Therefore, Revised National TB Control Programme (RNTCP), widely known as DOTS, which is a WHO recommended strategy, with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, is being implemented since the year 1997 in a phased manner. Diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and

strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Presently, more than 950 million population in 547 districts/reporting units has been covered under the revised strategy. The Project districts have reported cure rate of more than 85% which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully cured as against below 4 in the earlier Programme. To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme. It is envisaged to cover the entire country under the Revised Strategy during the current year (2005).

Mashelkar Committee on Spurious Drugs

1956. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed the extant laws relating to manufacture and sale of spurious and sub-standard drugs, which cause grievous hurt or even death;

(b) if so, the results thereof and the steps taken/being taken to check the menace and make the manufacture and sale of such drugs unprofitable; and

(c) the details of follow-up steps taken on the recommendation of the R.A. Mashelkar Committee which had *inter-alia* suggested penalties for various such offence under the Drugs and Cosmetic Act?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) and (c) Under the provisions of Drugs and Cosmetics Act and Rules thereunder, it is the responsibility of State Governments through their respective Drug Control organizations to regulate manufacture and sale of drugs as well as to keep a surveillance over possible movement of spurious/ counterfeit drugs.

Manufacture and sale of spurious/counterfeit drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture